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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of)
Guido Koch, et al.)
on LEG SUPPORT ARRANGEMENT FOR) Examiner: Unknown
OPERATING TABLES)
Serial No.: National Stage Entry of) Art Unit: Unknown
Int'l Appln. No. : PCT/DK2003/010844)
International Filing Date: 30 Sept. 2003)
Filed: Simultaneously herewith) (Docket No. 2619-0037WOUS)

Hartford, Connecticut, May 10, 2005

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Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

S I R:

Attached hereto is Form PTO-1449 listing documents believed relevant to the
subject application. It is respectfully requested that the Examiner consider these documents
and an initialed copy of the form be returned to the undersigned.

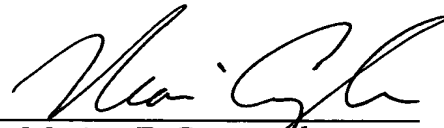
This disclosure statement should not be construed as a representation that a
search has been made or that no other material information as defined in 37 C.F.R. § 1.56 (a)
exists. In addition, the cited documents are not necessarily analogous art.

It is believed that this disclosure complies with the requirements of 37 C.F.R. § 1.56, 1.97, and 1.98 and the Manual of Patent Examining Procedures § 609. If for some reason, the Examiner considers otherwise, it is respectfully requested that the Applicants' representative be called so that any deficiencies can be remedied.

Since no action on the merits has issued in this application, Applicants believe no fee is due for filing this Information Disclosure Statement. If it is determined that a fee is required, please charge deposit account no. 13-0235.

Respectfully submitted,

By



Marina F. Cunningham
Registration No. 38,419
Attorney for Applicants

McCormick, Paulding & Huber LLP
CityPlace II
185 Asylum Street
Hartford, Connecticut 06103-3402
(860) 549-5290

Sheet 1 of 1

FORM PTO-1449**INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S)**

Docket No.: 2619-0037WOUS
Applicant: Guido Koch, et al.
Title: Leg Support Arrangement for
Operating Tables

U.S. Serial No.: Unknown
U.S. Filing Date: Herewith
Group Art Unit: Unknown

U.S. PATENT DOCUMENTS

<u>Examiner's Initials</u>	<u>Patent Number</u>	<u>Patent Date</u>	<u>Name</u>	<u>Class Subclass</u>
_____	6,276,012 B2	08/21/2001	Borders	5/622

FOREIGN PATENT DOCUMENTS

<u>Examiner's Initials</u>	<u>Document Number</u>	<u>Date</u>	<u>Country</u>	<u>Translation Yes No</u>

OTHER DOCUMENTS

Examiner's
Initials

EXAMINER

DATE CONSIDERED

EXAMINER:

Initial if citation considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant(s).